## Raleigh Parks and Recreation Department Coaching Application Form

		Perso	nal Information
Name			Date
Address			
			Date of Birth
Home Phone		Drive	er's License #
Cell Phone		Page	r #
E-Mail Address			
Business Phone			Fax #
Occupation		Em	pployer
Employer's Addres	s		
	]	Emergency	Information
Person to Notify in	an Emergency_		Phone
Doctor to Notify in	an Emergency		Phone
	(	Coaching B	ackground
<ol> <li>Which sport are</li> <li>Do you currentl Programs?</li> </ol>	y have any chil	dren in the I	Raleigh Parks & Recreation Department?
3. Why would you	like to coach?		
<u> </u>			

(Continued on back)

_	Coacning Experience
4.	Do you have any Coaching Certifications? Y or N If yes, list:
5.	Have you attended any coaching clinics? Y or N If yes, list:
6.	Are you willing to get certified if you are selected as a coach? Y or N
7.	Circle personal playing experience: Little League High School College Pro
	Skills & Certifications
8.	List any special certifications: i.e. CPR, Medial, etc.
9.	List any special certifications: i.e. CPR, Medial, etc  List any training or skills you may have received that may assist you in your coaching responsibilities
	_
10	O. I agree that if I am selected to coach a team: (Please check)
	I will attend all coaches meeting or send a representative.
	I will read, understand and abide by all league rules.
	I will be responsible for the return of all equipment.
	I will be responsible for my team and coach's conduct on the field.
	I will be responsible for me teams' parents conduct during a game.
	I will set a good example for the players.
Ple	ease answer the following questions on a separate piece of paper and submit with your application
	What is your general coaching philosophy for coaching a recreation youth team?
2.	Describe you coaching objectives for the season.
Co	omments:
Αľ	pplicants Signature Date

## CITY OF RALEIGH PARKS & RECREATION INVESTIGATIVE BACKGROUND CHECK (revised 1-5-07)

This form is used by the Parks and Recreation Department to obtain criminal and civil background checks on applicants. The information provided on this form will be held in the strictest of confidence. Please complete all sections in LEGIBLE PRINT so that your paperwork can be processed in a timely manner. Your form will be returned (and potential employment delayed) if the form is not completed fully and correctly.

Name: Last		First		Middle		Maiden
			_			
Driver's License Number:		Issuing	g State:	Home phone		
Date of Birth://	_ Sex:	Male	or Female	(Circle one)	Race:	
Social Security Request and Statement of Pur To comply with the Confidential Records Lav requests your Social Security number because to process the background investigation, whice  Social Security Number  *Please provide your residential address	v, the City of Ra you are being of h includes a crit	considere ninal and	ed for employ d civil backgr	ment or volunteer place ound investigation and	ment. The Soci Social Security	al Security number is required verification.
·	•		19. <u>Mudiesses</u>	must be complete as t	correct. Osc ba	ek of form of separate sheet.
Current Address: Street or R Length of Time at this Residence:			City	State	Zip	
Previous Address:						
Previous Address:  Length of Time at this Residence	Street or RFD e:	_	Ci	ity S	State	Zip
Prior Address:						
Length of Time at this Residenc	Street or RFD e:		Ci	ity S	State	Zip
THORIZATION OF A BACKGROUND CHE reby certify, by my signature below, that the information Department to conduct Criminal, Dept. of Coreation Department. I understand that the disclosure crific position for which I am applying. I also understand that the City will routinely perform backgrous or information made available which was previously in I have read and understand these requirements.	CK: nation I have propertions, and Se of a record wistand that the fand checks durin	ovided is sex Offer Il not res ilure to o	s accurate and nder Registry sult in an auto complete this riod of employ	I true to the best of my Checks on my backgro omatic disqualification of form or provide false it ment or serving as a vo	und while I am from employme nformation will blunteer. Inform	employed or volunteering with the ent, but will be considered in related result in disqualification of emplation found and not previously dis
Applicant's		*****	*****			********
Т	O BE COMP	LETED	BY APPLI	CANT'S SUPERVIS	OR	
ervisor's Name/Phone#			Position	Desired by Applican	t	
gram or Sport				Work Location_		
fly describe Position's duties and responsibilities	(including % o	of time in	n contact with	h children or in superv	risory role over	participants; % of time left
pervised by FT staff; other major responsibilities	)					
uires Driving City/Personal Vehicle:Yes	No Requ	ires Har	ndling City F	unds:YesNo	)	
s applicant will be serving as a Polunteering, how long will this person volunteer in	aid Employee this position?	Le	Ss than 3 mor	inteer (check one only onths3-6 months	y) s6-12	months1 year or more
	National Sex O		Registry Che	NESS OFFICE STAF ck: <u>NC D</u>	OOC Incarcerat No I	ion Check: ncarceration Record found recration Record exists

## Examples of Offenses Considered Unacceptable for Employment/ Volunteer with the City of Raleigh Parks and Recreation Department

Persons charged with and found guilty of the following crimes will <u>not</u> be allowed to work with the City of Raleigh Parks and Recreation Department. This listing of examples of criminal convictions is not exhaustive and conviction for other crimes or repeated charges for the same or similar charge(s) may be considered unacceptable as determined by the Parks and Recreation Director.

Manslaughter

Murder

Homicide

Abduction (of child or adult)

Robbery

Carjacking

Extortion

Felony Stalking

Sexual assault/sex offender charges (including incest, crimes against nature, taking indecent liberties with a minor)

Drive by shootings

Child abuse/neglect

Possession of child pornography

Escape from jail

Assault charges (assault on a government official, assault with a deadly weapon with intent to inflict injury, assault on a person)

Prostitution

Rape

Embezzlement

Forgery

Burglary or Larceny

Possession of weapon on school grounds, possession of weapons to cause mass destruction

Resisting a Public Officer

Domestic Abuse

Alcohol Offenses (open container offenses, consumption of beer/wine in public, possession of alcohol on unauthorized premises, possession of alcohol under age 21)

Drug charges (drug possession, possession of drug paraphernalia, maintaining a dwelling for a controlled substance)

## 3 background checks will be performed on each Candidate/Volunteer:

- 1: National Offender Registry Check=Results available at http://www.nsopr.gov/
- 2. NC Department of Corrections = Results available at <a href="http://webapps.doc.state.nc.us/apps/offender\_servlets/search1">http://webapps.doc.state.nc.us/apps/offender\_servlets/search1</a>
- 3. **AOC/CCBI Statewide Record Check**= Criminal, Infraction, and Archived record check conducted using AS-400 system. Results for Wake County charges available at Salisbury Street CCBI office (in Wake County Public Safety Center). Records for other Counties must be obtained from their County Court Records office.